

MEDICARE SUMMARY NOTICES (MSN)

The following chart represents the Beneficiary's message on the MSN, and the applicable provider ANSI Reason Code on the Remittance Advice

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| Insufficient Information Denial | MSN 9.2 "The item/service was denied because information required to make payment was missing" | ANSI B12 "Claim denied charges" and "Services not documented in patient's medical records" |
| Partial Payment at Reduced Rate(Matrix) | MSN 15.8 "The information provided does not support the level of service as shown on the claim." | ANSI 57 " Claim denied charges" and "the claim/service denied/reduced because the payor deems the information submitted does not support this level of service/this many services/this length of service or this dosage." |
| Full Denial as Not Medically Reasonable and Necessary | MSN 13.3 or 13.4 "Information provided does not support the need for skilled nursing facility care" or "Information provided does not support the need for continued care in a skilled nursing facility." | ANSI 50 "Claim charges denied" and "These are non-covered services because this is not deemed a medical necessity by the payor." |
| Demand Bill Agrees With Provider's Determination of Non-coverage | MSN 16.42 "The provider's determination of non-coverage is correct." | ANSI 50 "These are non-covered services because this is not deemed a medical necessity by the payor." |
| Agree With Non-coverage But the Provider Failed to Issue Proper or Timely Notice | MSN 36.2 "It appears that you did not know that we would not pay for this service, so you are not liable. Do not pay your provider for this service. If you have paid your provider for this service, you should submit to this office three things: a copy of this notice, your provider's bill, a receipt or proof that you have paid the bill." | ANSI 116 "Claim/service denied. The advance indemnification notice signed by the patient did not comply with requirements." |
| Improper Placement in a Non-Certified Bed | MSN 13.7 "Normally, care is not covered when provided in a bed that is not certified by Medicare. However, since you received covered care, we have decided that you will not have to pay the facility for anything more than Medicare coinsurance and non-covered items." | ANSI 116 "Claim /service denied. The advance indemnification notice signed by the patient did not comply with requirements." |
| Billing Error | MSN 9.4 "This item or service was denied because information required to make payment was incorrect." | ANSI A1 "Claim Denied Charges" |